

| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |  |   |   | ATTORNEY'S DOCKET NO.<br><b>US030211US</b><br>U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/560710</b><br>UNKNOWN  |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
|--|--|---|---|---|---------|---|--|--------|--------------|-----------|---|----------|----|--------------------|---------|---|-----------|----|--------------------------------|--|--|--|--|--|--|----|
| INTERNATIONAL APPLICATION NO.<br><b>PCT/IB2004/051044</b>  |  | INTERNATIONAL FILING DATE<br><b>June 29, 2004</b> |   | PRIORITY DATE CLAIMED<br><b>June 30, 2003</b>   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| TITLE OF INVENTION<br><b>A TEXTILE INTERCONNECT</b>  |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| APPLICANT(S) FOR DO/EO/US <b>MARMAROPOULOS, George<br/>VU, Giang T.<br/>PULFORD, Katharine</b>   |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following:<br>1. <input type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.<br>2. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) has been transmitted by the International Bureau.<br>3. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br><input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br><input checked="" type="checkbox"/> have not been made and will not be made.   |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| The following document(s) or information are included:<br>4. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4))<br>5. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, with <input checked="" type="checkbox"/> copy of International Search Report.<br>6. <input checked="" type="checkbox"/> Information Disclosure Statement with: <input checked="" type="checkbox"/> copy of 5 cited references.<br>7. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>8. <input checked="" type="checkbox"/> A preliminary amendment<br>9. <input type="checkbox"/> A power of attorney and/or change of address letter<br>10. <input checked="" type="checkbox"/> Power of Attorney to Prosecute Application before the USPTO<br>11. <input checked="" type="checkbox"/> Statement under 37 CFR §3.73(b)<br>12. <input checked="" type="checkbox"/> Authorization Pursuant to 37 CFR § 1.136(a)(3) and to Charge Deposit Account <u>14-1270</u><br>13. <input checked="" type="checkbox"/> Receipt Confirmation Postcard |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| The following fees have been submitted:<br>14. <input checked="" type="checkbox"/> Basic national fee.....\$ 300<br>15. <input checked="" type="checkbox"/> Examination fee (Int'l prelim. exam. report NOT prepared by USPTO).....\$ 200<br>16. <input checked="" type="checkbox"/> Search Fee (Int'l Search Report prepared and provided to the Office.).....\$ 400<br><b>TOTAL OF 14, 15 and 16 = \$ 900</b>  |  |   |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CALCULATIONS</th> <th style="text-align: left;">PTO USE ONLY</th> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">\$ 900</td> <td></td> </tr> </table> |         | CALCULATIONS  | PTO USE ONLY   | \$ 900 |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| CALCULATIONS   | PTO USE ONLY   |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| \$ 900   |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLAIMS</th> <th style="text-align: left;"># FILED</th> <th style="text-align: left;"># EXTRA</th> <th style="text-align: left;">RATE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>20 - 20 =</td> <td>0</td> <td>X \$50 =</td> <td>\$</td> </tr> <tr> <td>Independent claims</td> <td>3 - 3 =</td> <td>0</td> <td>X \$200 =</td> <td>\$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>TOTAL FEES FOR CLAIMS =</b></td> </tr> </tbody> </table>  |  |   |   | CLAIMS  | # FILED | # EXTRA   | RATE   |        | Total claims | 20 - 20 = | 0 | X \$50 = | \$ | Independent claims | 3 - 3 = | 0 | X \$200 = | \$ | <b>TOTAL FEES FOR CLAIMS =</b> |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; vertical-align: bottom;">\$</td> </tr> </table> |  | \$ |
| CLAIMS   | # FILED  | # EXTRA   | RATE  |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| Total claims   | 20 - 20 =  | 0   | X \$50 =  | \$  |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| Independent claims   | 3 - 3 =  | 0   | X \$200 =   | \$  |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| <b>TOTAL FEES FOR CLAIMS =</b>   |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| \$   |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)) accompanied by an appropriate cover sheet (37 C.F.R. 3.28,3.31). <b>\$40.00</b> per property +   |  |   |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; vertical-align: bottom;">\$ 40</td> </tr> </table>   |         | \$ 40   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| \$ 40  |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| <b>TOTAL FEES ENCLOSED =</b>   |  |   |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; vertical-align: bottom;">\$ 940.00</td> </tr> </table>   |         | \$ 940.00   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
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| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the above fees, as well as any additional fee which may be required, with the exception of the Base Issue Fee, or credit any overpayment to our Deposit Account No. <u>14-1270</u> .   |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| SEND ALL CORRESPONDENCE TO<br>PHILIPS ELECTRONICS NORTH AMERICA<br>Intellectual Property & Standards<br>P.O. Box 3001<br>Briarcliff Manor, NY 10510-8001   |  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           USPTO CUSTOMER NO.<br/> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">24737</div> </td> <td style="width: 50%; text-align: center;"> <br/>           Michael E. MARION, Reg. No. 32,266<br/>           Tel.: (914) 333-9619         </td> </tr> </table> |   |         | USPTO CUSTOMER NO.<br><div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">24737</div> | <br>Michael E. MARION, Reg. No. 32,266<br>Tel.: (914) 333-9619 |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
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| <b>CERTIFICATE OF EXPRESS MAILING</b>  |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 is addressed to "Mail Stop PCT, Commissioner for Patents, PO Box 1450, Arlington, VA 22313-1450," on the date indicated below.  |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| EXPRESS MAILING LABEL NO.: EV 312 071 594  |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| DATE OF EXPRESS MAILING: 15 DECEMBER 2005  |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |
| NAME & SIGNATURE OF DEPOSITOR: <u>G. Lamprecht</u><br>G. LAMPRECHT   |  |   |   |   |         |   |  |        |              |           |   |          |    |                    |         |   |           |    |                                |  |  |  |  |  |  |    |